

Ref: S&C-05-24

**DATE:** April 14, 2005

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** **Nursing Homes** - Changes to Staffing Data on the Nursing Home Compare Web Site

### Letter Summary

- The purpose of this memorandum is to give the State Survey Agencies (SAs) advance notice of coming refinements to Nursing Home Compare and to notify them of CMS' expectations.
- To further improve the accuracy of staffing data reported on NHC, we are implementing new edits.
- These edits may increase the number of nursing homes that will not have any data displayed or that have their reported staffing data altered.
- CMS is distributing a list of nursing homes to each state that will have deleted staffing data using the new, back-end edits and asking each SA to review its data entry of relevant fields and to seek documentation, if necessary, of the nursing home's claimed staffing level.

The Centers for Medicare & Medicaid Services (CMS) is striving to make further improvements in the accuracy and comprehensiveness of staffing information available on the Nursing Home Compare (NHC) Web site. This information is essential in helping consumers make informed choices about nursing homes. To this end, CMS is implementing a number of changes to the display of staffing information on NHC. Although these changes will, on average, improve the accuracy of the staffing information, the immediate consequence may be that there will be some facilities whose staffing information will be either temporarily excluded from NHC or whose reported staffing ratios will be somewhat altered. Most facilities' staffing information will remain unchanged.

### **Background**

The Department of Health and Human Services has recognized the importance of improving nurse staffing levels and making more accurate and comprehensive staffing information available on NHC to inform consumer choice of nursing homes. The Institute of Medicine (IOM) and the National Quality Forum (NQF) have also recommended improvements to the current reporting of nursing home staffing.

The limitations of staffing data on NHC, derived from the Online Survey, Certification and Reporting (OSCAR) system that was not originally designed for this use, have been widely known for some time. CMS has identified a number of short-term, interim steps for improving the current OSCAR system for reporting nursing home staffing.

## **Edits**

The first interim step is to implement a set of exclusion rules for suspect data. These exclusion rules examine staffing ratios. If staffing ratios for any facility fall above or below certain thresholds or exhibit a very rare configuration, the data are viewed as suspect and will be temporarily excluded from NHC until they are corrected or confirmed. CMS derived these thresholds from comparisons to other independent data sources that are known to be more accurate than OSCAR. These other data sources include Medicaid cost reports, payroll data, and prior CMS staff time studies. Attached is a detailed description of how CMS is implementing the edits.

## **Implementing the Edits**

Before the edits are implemented, CMS will send each SA a list of all the nursing homes in the state for which staffing data would be excluded when the edits are invoked. We understand that it could take some time for the SA to either correct or confirm the already submitted data; therefore, we are allowing a period of two months before the actual edits are implemented. Subsequent monthly changes to NHC will only involve new surveys and corrections of past surveys that are received monthly by CMS.

## **Specific Steps and Timeframe for Implementing the Back-end Edits**

1. Beginning in late April, 2005, each SA will receive a list of facilities whose staffing data would be excluded by the CMS edits. The listing will be accompanied by each excluded nursing home's staffing, bed count, and resident census information that were keyed into the OSCAR system. This information will need to be confirmed or corrected. **The sole affirmation that the prior information is correct will not be sufficient to change its status; some new information will be required.**
2. The SA should first check to see that the fields referring to staffing (CMS-671, F38-F45), resident count (CMS-672, F78), Medicare/Medicaid and hospital status (CMS-671, F9-F10), bed counts (CMS-1539, L17 and L18), have been inputted correctly from the hardcopy CMS-671 and CMS-672 forms submitted by the provider. Any identified input errors should be corrected and the data resubmitted.
3. If there are no input errors, the forms should be returned (mailed/faxed) to the provider and the provider asked either to confirm or correct the fields noted in #2 above. A small proportion of nursing homes report more total beds than certified beds. For these facilities, one possible reason that a nursing home may have its staffing excluded by the edits is that they reported staffing for the entire facility,

but the resident count was reported for only the certified beds. For these particular nursing homes, the provider should correct the form by reporting the total number of residents who potentially receive nursing services from the staff reported on the CMS-671. The provider should correct the forms and return them to the SA. The SA then should resubmit the corrected data. If the provider cannot check the submitted data because the records for the prior survey period are not easily accessible, CMS will continue to exclude display of the provider's staffing data until the provider's next standard survey.

4. If there is only a handful of nursing homes that reach the point of submitting documentation and/or an explanation, CMS may consider putting their staffing information on NHC on a case-by-case basis. If more than a handful, CMS will develop a procedure for this situation.

Staffing levels have emerged as potentially the most important and visible reflection of potential nursing home quality. As such, we believe it imperative to improve the accuracy of the nurse staffing data that CMS displays on NHC.

**Effective Date:** Systems to ensure complete follow-up on listing of nursing homes with suspect or missing data should be implemented no later than June 30, 2005.

**Training:** The information in this announcement should be shared with all survey and certification staff, their managers, and all long-term care providers.

/s/  
Thomas E. Hamilton

Attachment

cc: Survey and Certification Regional Office Management (G-5)

## **Attachment**

### ***Imputation of Resident Counts***

Due to an ambiguity in the OSCAR reporting form CMS-672, about 13 percent of nursing homes report more total beds than certified beds. Unless one assumes that the non-certified beds are empty, the total number of residents is an undercount. This undercount may increase the apparent staffing ratio (nursing hours/residents). The inflated staffing levels results from facilities reporting staffing for all beds, while reporting residents of certified beds.

CMS has attempted to remedy this problem of resident undercount for this minority of nursing homes by invoking an imputation procedure that increases the number of (estimated) residents, thereby lowering the staffing ratio. The edits will have considerable impact on what appears on NHC for some of these facilities. First, about 7 percent of facilities will, as a result of the imputation procedure, fall outside the thresholds and be temporarily excluded until their submitted data are either confirmed or corrected. Second, an additional 8 percent of nursing homes will have altered reported staffing levels on NHC. It is important to note that in some states as many as one-third of all nursing homes may have altered or excluded staffing data. It is likely that many of the excluded providers will demand that their staffing data appear on NHC. Additionally, some portion of nursing homes whose reported staffing on NHC is altered will likely want some response from the SA. In many of these cases, nursing homes will have correctly filled out the CMS forms.

The impact for the SAs and providers will be greatest as CMS first implements the edits and will diminish as providers adjust to the changes and SAs input their surveys for the month.